

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 006409

2016 JAN 28 PM 12:48

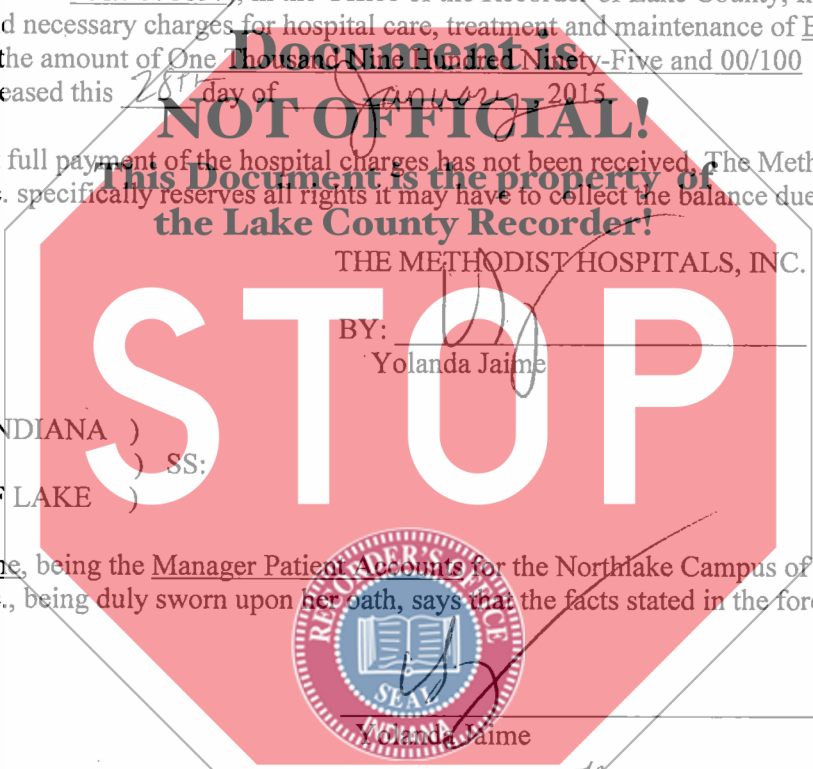
MICHAEL B. BROWN
RECORDER

RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against BRANDON GILDON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of October, 2012, and recorded on the 7th day of November, 2012 (as instrument number 2012-078857), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BRANDON GILDON, in the amount of One Thousand Nine Hundred Ninety-Five and 00/100 (\$1,995.00) Dollars, is released this 28th day of January, 2015.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



BY: Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, this 26th day of January, 2015.

Lisa M. Stone

Notary Public

A Resident of Laure County

My Commission Expires:

March 24, 2019



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By: Earle F. Hites

Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-209180

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 20771
OVERAGE _____
COPY _____
NON-COM _____
CLERK E